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CONFIRMATION NO. 6953

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/875,532	<b>FILING OR 371(c) DATE</b> 06/06/2001 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> PA-5253-RFB	
<b>APPLICANTS</b> Christopher G. Dixon, Bloomington, IN; Jacob A. Flagle, Indianapolis, IN; Andrew K. Hoffa, Bloomington, IN; Joseph P. Lane, Metheum, MA;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/210,316 06/08/2000					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/02/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWING</b> 20	<b>TOTAL CLAIMS</b> 20 12	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> 9896					
<b>TITLE</b> High pressure injection syringe					
<b>FILING FEE RECEIVED</b> 950	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		